Paid 175.00 DT

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 25924/91346 PIN# 4710 48 4801 DATE 10-2-00

OWNER OR CONTRACTOR Curtis Wuellner PHONE: Business 645 5042 Home 528-0808

ADDRESS 120 Moonglow Ln Trontman N.C.

LOCATION Buffalo Shoales TL Laural Cove 1.2 mi Rt.

SUBDIVISION Laurel Cove BLOCK / SECTION ____ LOT B#1212 LOT AREA 1 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-29-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Gravity 50% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

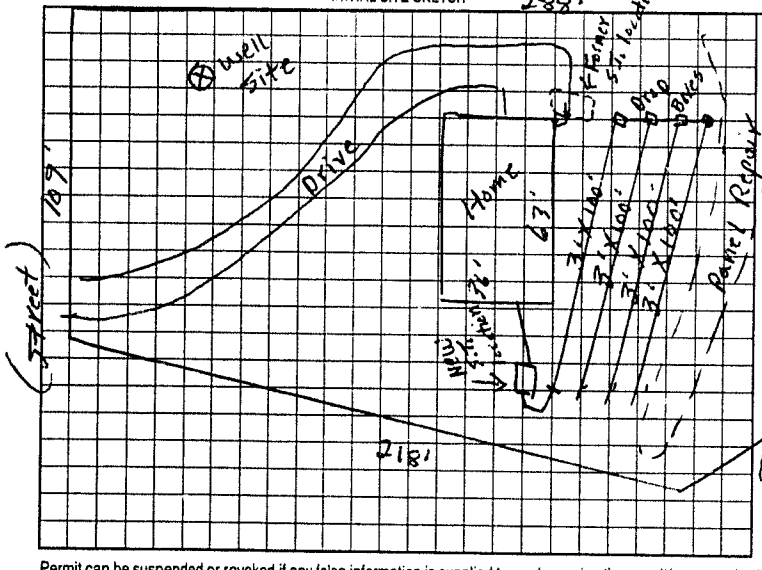
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2 1/2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community

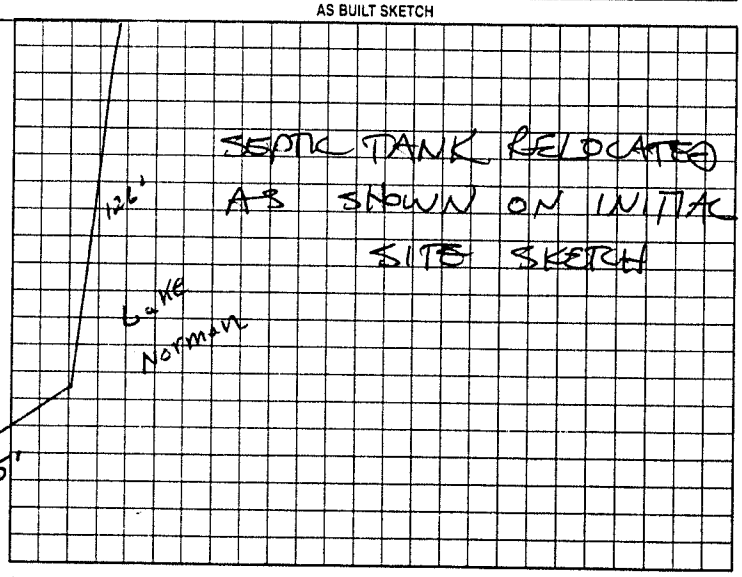
Comments/Conditions: Home owner Locked To move Driveway - Existing Septic Tank was in way needed To be moved To location as shown below

Comments/Conditions: Drain lines Installed 9-29-00

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Kimberlee A. Wuellner date 10/3/00 Installed by: DAVID YOUNTS

Improvement Permit by: R. C. Moore date 10-2-00 Operation Permit by: STEVE HERRICK date 10-6-00

Authorization to Construct by: R. C. Moore date 10-2-00 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK